

ORDER FORM

WRITE INSIGHTS

Name(s) of Applicant(s)

1. _____ 2. _____
 3. _____ 4. _____
 5. _____ 6. _____

Name of Company: _____

Contact Person: _____

Phone: _____ Fax: _____

e-mail: _____ Date Submitted: _____

Need Results By: _____

Mailing Address: _____

Please provide applicant with working blue or black ballpoint pen and clean copy of attached Handwriting Collection Sample Page.

Preferably allow applicant to sit at a desk or table while writing.

Provide Job Description or Complete Checklist for Job Requirements Below

	Essential	Helpful	N/A		Essential	Helpful	N/A
Good Team Player				Detail Oriented			
Flexible & Adjusts to Change				Decision Maker			
Adjusts to Routine Tasks				Risk Taker			
Able to Delegate to Others				Self-Directed			
Works with Technical Data				Problem Solver			
Able to take Action on Own				Able to Sell/Prospect			

Type of Report Requested:

___ Individual

___ Compatibility Studies (applicant & supervisor or prospective co-workers)

Quick-Scan (verbal) _____ \$55 each. Full Report (written) _____ \$120 each

Fax Order Form & Samples to 1-630-723-5099 or mail samples and payment to:

Write Insights, P.O. Box 444, Sugar Grove, IL 60554

Ph: 708-751-5850

e-mail: dale@writeinsights.com